

3-002.01D Provider's Failure to Cooperate in Securing Third Party Payment: The Department may deny payment of a provider's claims if the provider fails to apply third party payments to medical bills, to file necessary claims, or to cooperate in matters necessary to secure payment by insurance or other liable third parties.

3-002.02 Payment

3-002.02A Upper Limits: The Department has established upper limits for payment as described in each provider chapter.

3-002.02B Coverage Exception: Certain medical services, while being medically necessary, may exceed the NMAP coverage guidelines which have been established by the Department. Under these circumstances, the determination of medical necessity for payment purposes is based upon the professional judgment of the Department's consultants and other appropriate staff.

3-002.02C Payment in Full: Providers participating in NMAP shall agree to accept as payment in full the amount paid according to the Department's payment methodologies after all other sources have been exhausted.

Exception: If a client resides in a nursing facility, a payment to the facility for the client to occupy a single room is not considered income in the client's budget if Medicaid is or will be paying any part of the nursing facility care.

3-002.02D Charges to the General Public: Providers shall not exceed their charges to the general public when billing NMAP. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to Medicaid clients who would otherwise qualify for the discount.

3-002.02E Method of Payment: Effective January 1, 2009, Ppayment for all approved medical services within the scope of NMAP is will be made by state warrant electronic funds transfer (EFT) to the provider who supplied the services.

3-002.02F Billed Charges: If the provider's billed charges are less than the Department's allowable payment, the Department pays the provider's billed charges.

Exception: Inpatient hospital services are paid on a diagnosis-related group (DRG) or per diem basis, regardless of billed charges.

3-002.03 Post-Payment Review: Payment for a service does not indicate compliance with NMAP policy. Monitoring may be accomplished by post-payment review to verify that NMAP policy has been followed. A refund will be requested if post-payment review finds that NMAP payment has been made for claims/services not in compliance with NMAP policy. During a post-payment review, claims submitted for payment may be subjected to further review or not processed pending the outcome of the review.